

Child Welfare League of America Charitable Investment Fund

# Donor Contribution Agreement

guided  giving

*A Program in Conjunction with the Salomon Smith Barney Charitable Trust, Inc.*

# Donor Contribution Agreement

## Instructions

Please print clearly in all CAPITAL LETTERS and use black ink to fill out this agreement. For assistance, contact the Child Welfare League of America (CWLA). Return this completed, signed agreement along with an Asset Transfer Request Form (if transferring assets from outside a Salomon Smith Barney account) or a Letter of Authorization to Transfer Assets (if transferring assets from a Salomon Smith Barney account) to CWLA. Before completing this document, please:

1. Read the Child Welfare League of America Charitable Investment Fund Donor Circular and Disclosure Statement ("Donor Circular"). The Donor Circular includes important information on your **irrevocable, nonrefundable** contribution and features of the program.
2. Evaluate your philanthropic goals.
3. Discuss with CWLA how a donor-advised fund can help you meet your charitable giving needs.
4. Decide if you want to establish a donor account as an individual or include others.
5. Consult your tax and/or legal advisor before contributing to the Child Welfare League of America Charitable Investment Fund.

## Please note:

- Your charitable income tax deduction receipt and Form 8283 will not be sent to you and a deduction will not be available to you until transferred assets have been received by the Salomon Smith Barney Charitable Trust, Inc., and are in your Child Welfare League of America Charitable Investment Fund account.
- The minimum initial contribution is \$25,000. Each individual asset must have an estimated fair market value of at least \$5,000.
- Market conditions may affect your actual contributed amount.

<b>A. Donor Information</b>									
<b>1. Individual Donor or Joint Donors</b>									
<b>Primary Donor</b>	Last Name	First	Middle Initial	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.					
	Street Address	City	State	ZIP Code					
	Home Telephone			Business Telephone					
	Social Security Number			Date of Birth	Month	Day	Year		
	E-mail Address (required)			<i>No unsolicited e-mail will be sent to you; see attached Privacy Policy Statement.</i>					
<b>Donor 2</b>	Last Name	First	Middle Initial	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.					
	Street Address	City	State	ZIP Code					
	Home Telephone			Business Telephone					
	Social Security Number			Date of Birth	Month	Day	Year		
	E-mail Address (required)			<i>No unsolicited e-mail will be sent to you; see attached Privacy Policy Statement.</i>					
<b>2. Trust, Corporation or Other Entity</b>									
	Taxpayer ID Number			Trust / Incorporation Date					
	Trust Name								
	Full Legal Name of Corporation/Business Entity								
	Street Address	City	State	ZIP Code					
	Business Telephone			Trustee/Authorized Signor Name, Position at Firm					
	E-mail Address (required)			<i>No unsolicited e-mail will be sent to you; see attached Privacy Policy Statement.</i>					

## B. Personalize Your Account

You may name your account after your family or any other name that you choose. When each grant is approved, you may elect to have the accompanying letter to your recommended charity acknowledge a donor's name or your personalized account name (e.g., The Smith Family Foundation), or remain anonymous.

Account Name

## C. Name Advisors

Donors do not need to name themselves as advisors. You may name individuals who will have the authority to decide which charitable organization(s) to make grants to and to **enter** grant recommendations for your donor account. Advisors may not name additional Advisors and will not succeed the Donors unless they are also named in Section D as Successor Donors. If you do not wish to name an Advisor, please skip to Section D.

<b>Advisor 1</b>	Last Name	First	Middle Initial	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	
Social Security Number				Date of Birth	Month	Day	Year
Street Address		City		State		ZIP Code	
Home Telephone			Business Telephone				
E-mail Address (required)				No unsolicited e-mail will be sent to you; see attached Privacy Policy Statement.			

<b>Advisor 2</b>	Last Name	First	Middle Initial	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	
Social Security Number				Date of Birth	Month	Day	Year
Street Address		City		State		ZIP Code	
Home Telephone			Business Telephone				
E-mail Address (required)				No unsolicited e-mail will be sent to you; see attached Privacy Policy Statement.			

## D. Name Successor(s) to Donors

You may name individual successors or elect the Salomon Smith Barney Charitable Trust, Inc., to succeed you in advising on grantmaking for your account after the death or non-responsive five-year inactivity of all the original donors. If you prefer to have a specific charity receive any remaining assets in your account after the death or non-responsive five-year inactivity of all the original donors, please skip to Section E.

Special Instructions: Upon the death or incapacity of the original donor(s), please select one of the following options **(Required if more than one successor)**:

- Successors 1 and 2 will succeed the account and share equal responsibility over the account.
- Successors 1 and 2 will split the account into two (2) separate and equal accounts.

<b>Successor 1</b>	Last Name	First	Middle Initial	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	
Social Security Number				Date of Birth	Month	Day	Year
Street Address		City		State		ZIP Code	
Home Telephone			Business Telephone				
E-mail Address (required)				No unsolicited e-mail will be sent to you; see attached Privacy Policy Statement.			

<b>Successor 2</b>	Last Name	First	Middle Initial	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	
Social Security Number				Date of Birth	Month	Day	Year
Street Address		City		State		ZIP Code	
Home Telephone			Business Telephone				
E-mail Address (required)				No unsolicited e-mail will be sent to you; see attached Privacy Policy Statement.			

**E. Name Default Charitable Organization to Receive Grants (Required Section)**

Please name at least one (1) qualified charitable organization to receive grants. These organizations will only receive grants automatically if:  
1. You and/or your advisor(s) fail to recommend a grant for five (5) consecutive years.  
2. Your successor(s) fail to recommend (upon your death) a grant for five (5) consecutive years.  
If more than one charity is listed and determined to be qualified, the remaining account balance will be equally divided between or among the qualified listed organizations. No more than three organizations are permitted. If you do not have specific charities to name (or if none of the organizations listed are qualified), please state your charitable area of interest and/or geographical area (e.g., adoption services, New York).

Full Name of Charitable Organization 1

Taxpayer ID Number of Charitable Organization 1

Street Address City State ZIP Code

Contact Person Business Telephone

Full Name of Charitable Organization 2

Taxpayer ID Number of Charitable Organization 2

Street Address City State ZIP Code

Contact Person Business Telephone

Full Name of Charitable Organization 3

Taxpayer ID Number of Charitable Organization 3

Street Address City State ZIP Code

Contact Person Business Telephone

**F. Name Charitable Area(s) of Interest (required section)**

In addition to completing Section E above, please also name an area of charitable interest and/or a geographical area of interest where grants may be made. This will provide guidance to the Trust in case you, your advisor(s), successor(s), and/or choices in Section E are unavailable.

If no specific charities are chosen, you must indicate the following: Area of Charitable Interest and/or Geographical Area:

**G. Gift Information**

The minimum initial contribution is \$25,000. Each individual asset must have an estimated fair market value of at least \$5,000. Please review the Donor Circular for information on assets the Child Welfare League of America Charitable Investment Fund may accept. Please contact CWLA for assistance.

- Market conditions may affect your actual contributed amount

1. Cash

Dollar Amount \$

Mark one box below to indicate how you will contribute cash.

WIRE funds

To wire funds to SSBC:  
ABA: 021 000 021  
Chase Manhattan Bank  
New York, NY 10021  
Account: 066-198038—Salomon Smith Barney  
FFC: Smith Barney Charitable Investment Fund  
Account: 168-30342-1-7

Make checks payable to Salomon Smith Barney Charitable Trust, Inc. and mail to:

Salomon Smith Barney Charitable Trust, Inc.  
388 Greenwich Street  
17th Floor  
New York, NY 10013  
Attn: John Bacon

## G. Gift Information (continued)

### 2. Securities Held in a Salomon Smith Barney Account

#### Name of Security 1

CUSIP (required)

Approximate Value

Number of Shares / Bonds / Mutual Funds

SSB Account Number

#### Name of Security 2

CUSIP (required)

Approximate Value

Number of Shares / Bonds / Mutual Funds

SSB Account Number

### 3. Securities Held in a Non-Salomon Smith Barney Account

#### Name of Security 1

CUSIP (required)

Number of Shares / Bonds / Mutual Funds

Account Number

Approximate Value

Financial Services Company Name

#### Name of Security 2

CUSIP (required)

Number of Shares / Bonds / Mutual Funds

Account Number

Approximate Value

Financial Services Company Name

Please complete the Asset Transfer Request Form for donating securities from non-Salomon Smith Barney accounts. **Market conditions may affect your actual contributed amount.**

You may contribute additional cash and/or publicly traded securities to the Child Welfare League of America Charitable Investment Fund at any time by completing an Additional Contribution Agreement. The value of additional contributions must be a minimum of \$5,000 and each individual asset contributed must have an estimated fair market value of at least \$5,000. Donations of assets other than cash and/or publicly traded securities will require the advance approval of the Salomon Smith Barney Charitable Trust, Inc. Market conditions may affect your actual contributed amount.

### 4. Donation from Another Charitable Vehicle (e.g., Private Family Foundation or Other Donor-Advised Fund)

Please complete this section if you are interested in making an IMMEDIATE transfer. Consult CWLA to make a FUTURE contribution from a charitable vehicle.

Name of Charitable Vehicle

Description

Dollar Amount

#### To wire funds to SSBCT:

ABA: 021 000 021  
Chase Manhattan Bank  
New York, NY 10021  
Account: 066-198038 —Salomon Smith Barney  
FFC: Smith Barney Charitable Investment Fund  
Account: 168-30342-1-7

#### Make checks payable to Salomon Smith Barney Charitable Trust, Inc., and mail to:

Salomon Smith Barney Charitable Trust, Inc.  
388 Greenwich Street  
17th Floor  
New York, NY 10013  
Attn: John Bacon

## H. Recommend an Asset Allocation

Please recommend an asset allocation for your donor account. More complete information on the allocation pools may be found in the Donor Circular. Please note that the percentage(s) inserted below must add up to 100%.

1. \_\_\_\_\_ % GROWTH (80% equities, 20% fixed income)
2. \_\_\_\_\_ % BALANCED (50% equities, 50% fixed income)
3. \_\_\_\_\_ % CONSERVATIVE (20% equities, 80% fixed income)

If you do not recommend an asset allocation, the Salomon Smith Barney Charitable Trust, Inc., will invest your contribution as follows: 100% BALANCED (50% equities, 50% fixed income).

## I. Administration of the Account

CWLA has the authority to **enter** grant recommendations for your Child Welfare League of America Charitable Investment Fund account on your behalf upon the submission of a signed Grant Recommendation Form.

The assets of my account will be distributed for charitable purposes, and shall be administered pursuant to the governing instruments of the Salomon Smith Barney Charitable Trust, Inc., as they may be amended from time to time.

I understand that I may make written recommendations of the qualified charities to receive grants from my account. I understand that no grants may be made to private foundations, to satisfy a pre-existing pledge, for any private benefit, or to support any political campaign activities. I also understand that the Board of Directors of the Salomon Smith Barney Charitable Trust, Inc., remains the final authority to determine the amount and recipient of any grant and that grant recommendations do not have to be followed.

I understand that if no grant recommendations are made for a period of five years, the Board of Directors may terminate any further right to make recommendations on the part of the donor(s). In such event, it would be my recommendation that grants be made to the qualified charities listed above in Section E or to the charitable area of interest or geographical area listed above in Section F.

I understand that the Salomon Smith Barney Charitable Trust, Inc., will charge administration fees against the account and pay investment management, advisory, and administrative fees in accordance with its standard procedures.

## J. Acknowledgment of Terms

The Child Welfare League of America Charitable Investment Fund is a program offered in conjunction with the Salomon Smith Barney Charitable Trust, Inc., a 501(c)(3) charitable organization under the Internal Revenue Code of 1986, as amended. By signing this form, I authorize the Salomon Smith Barney Charitable Trust, Inc., to establish a donor account. **I have received the Donor Circular and I understand that I am responsible for reading it. I agree to be legally bound by the Donor Circular's terms and conditions, as currently in effect and as amended from time to time, and the terms and conditions set forth in all related forms.**

I understand that any contributions I make to the Child Welfare League of America Charitable Investment Fund are irrevocable and nonrefundable to me for any reason. I realize that any dividend interest and capital gains generated from my account belong to the Salomon Smith Barney Charitable Trust, Inc. Therefore, I cannot and will not claim that income as additional tax deductions. Once my contributions have been accepted, they are the property of the Salomon Smith Barney Charitable Trust, Inc., governed by an independent Board of Directors. I understand that the Fund investments could sustain a loss which would lead to there being less money to donate than I originally contributed. **I am aware that any recommendations that I suggest will be considered but are subject to approval by the Board of Directors concerning the investment selections, grants, and award to any charitable organization.**

I understand that the pools of managed mutual funds may lose money.

**I have read the Privacy Policy Statement attached to this agreement and understand and agree to its terms.**

I understand that market conditions may affect my actual contributed amount.

To the best of my knowledge, all information enclosed is accurate and I will immediately notify CWLA if any changes occur. My signature below constitutes my agreement and acceptance of all terms, conditions and features selected in all parts of this application, and in all additional forms. SIGNATURES ARE REQUIRED FROM ALL DONORS LISTED ON THE ACCOUNT.

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

## K. Mandatory Initial Grant (required)

Origin of Contribution (check one):

- contribution made directly through the Child Welfare League of America.
- contribution made through a member agency of the Child Welfare League of America. If so, please write in name and location of member agency.

\_\_\_\_\_  
Name of member agency

\_\_\_\_\_  
City, State

I agree to make a grant(s) to the entity(ies) name above as follows:

1. if contribution is made directly through the Child Welfare League of America, I agree to grant 15% of the contributed amount to the Child Welfare League of America.
2. if contribution is made through a member agency of the Child Welfare League of America, I agree to grant 20% of the contributed amount as follows: 10% to the Child Welfare League of America and 10% to the named CWLA member agency.

Once this form is completed, please fax it to CWLA at 703/412-2401.

FOR SPECIFIC INFORMATION REGARDING OFFICIAL REGISTRATION AND FINANCIAL INFORMATION OF THE SALOMON SMITH BARNEY CHARITABLE TRUST, INC., PLEASE ACCESS ONLINE AT [WWW.SALOMONSMITHBARNEY.COM/CIF](http://WWW.SALOMONSMITHBARNEY.COM/CIF)

CWLA AND SALOMON SMITH BARNEY DO NOT PROVIDE TAX OR LEGAL ADVICE. PLEASE CONSULT YOUR TAX AND/OR LEGAL ADVISOR FOR SUCH GUIDANCE.